

# EMPLOY YOUR INSTINCTS.

## THE MPD ACADEMY APPLICATION



[www.memphistn.gov](http://www.memphistn.gov)  
[MPDAcademy.com](http://MPDAcademy.com) • 1-800-318-4164  
EQUAL OPPORTUNITY EMPLOYER



A C Wharton, Jr. • Mayor of Memphis

Toney Armstrong • Director of Police



Memphis Police Department  
Police Officer Application  
Packet



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MINIMUM REQUIREMENTS

54 Semester Hours at an Accredited College or University

or

Two years of continuous Military Service with an honorable discharge

or

Three years of continuous employment as a POST certified law enforcement officer  
at a police department with a minimum of 20 officers

This packet contains the following information

- High School transcript request form
- College transcript request form
- Personal History Statement
- Application for Employment Form

Read all information carefully and fill out all forms completely.

CONSEQUENCES OF FALSIFICATION

ANY misrepresentation, falsification or omissions given on  
ANY FORM herein is just cause for rejecting your application.  
It will also disqualify you from making application in the future for  
positions with the Memphis Police Department. I also understand  
that these statements may subject me to termination.

# MEMPHIS POLICE DEPARTMENT

## PERSONAL HISTORY STATEMENT

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### PLEASE READ:

Answer each question on this form. Information must be HANDWRITTEN AND PRINTED IN BLACK INK (DO NOT TYPE). If additional information must be submitted in relationship to a specific question, please submit this information on additional sheets of 8 1/2" x 11" paper (NO SCRAP SHEETS) and attach them to this form. Precede each answer with the number and letter of the referenced section. DO NOT MISSTATE OR OMIT ANY FACTS, as all information is verified. ACCURACY IS ESSENTIAL. ANY FALSE STATEMENTS OR INFORMATION KNOWINGLY OMITTED IN THIS QUESTIONNAIRE IS JUST CAUSE FOR DENYING OR TERMINATING YOUR APPLICATION. There are to be no UNKNOWN or UNANSWERED questions when this form is completed and turned in. If a question or the information requested does not apply, indicate this by using the symbol N/A (not applicable). Should this questionnaire be UNSATISFACTORILY FILLED OUT, you will be rejected from further consideration.

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When the Personal History Statement is turned in,  
the following support documents MUST ALSO BE TURNED IN:

1. Original Birth Certificate. We will retain a copy.
2. Copy of High School Diploma or GED certificate
3. Original valid Driver's License (for ID purposes only), plus a copy of valid Driver's License.
4. Your original Military DD214 (including character of discharge section), and any other discharge document(s), if applicable, for us to retain.
5. Active Reserves who currently attend Military Drills must submit a Military Letter of Good Standing. This letter can be obtained from a staff member upon receipt of your Application Packet. The applicant must submit all original DD214 discharge documents as soon as they become available to the applicant.
6. Applicants who have previously served in the Active Reserves MUST submit a copy of their discharge papers, showing character of discharge from the Reserve Unit.
7. High School transcript and College transcript

FAILURE TO TURN IN THESE DOCUMENTS WILL RESULT IN  
YOUR APPLICATION BEING REJECTED BY THE MEMPHIS POLICE DEPARTMENT.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND ALL OF THE ABOVE STATED INFORMATION.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This packet must be in HANDWRITTEN IN BLACK INK (DO NOT TYPE).

**\*\*Please Print\*\*** If this application packet is NOT LEGIBLE, it WILL NOT be accepted.

## 1. PERSONAL HISTORY

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

A. \_\_\_\_\_  
Full Name (Last) (First) (Middle) Sex/Race Date of Birth

B. \_\_\_\_\_  
Current Street Address Apt#. City State Zip Code

C. \_\_\_\_\_  
Home Phone Cell Phone Work Hours Days Off

D. \_\_\_\_\_  
Name and phone number of a neighbor or relative with whom you are in regular contact, where a message can be left for you.

E. Are you a United States Citizen? \_\_\_\_YES \_\_\_\_NO

\_\_\_\_\_  
Social Security Number Birthplace City State

F. \_\_\_\_\_  
List any maiden name or any other names that you have ever used, including all married names or nicknames, etc.

Have you ever had your name changed? \_\_\_\_YES \_\_\_\_NO (If yes, provide documentation)

G. Marital Status Single Married Divorced Separated Widowed

H. Driver's License \_\_\_\_\_  
License Number State Type/Class (Operator D, etc.)

\_\_\_\_\_  
Expiration Date Conditions (Corrective Lens, etc.)

## 2. FAMILY HISTORY

A. \_\_\_\_\_  
Full Name of Present Spouse Maiden Name Age Date of Birth

B. \_\_\_\_\_  
Present Employment of Spouse Address City State Phone #

C. \_\_\_\_\_  
Full Name of former Spouse(s) Maiden Name Age Date of Birth

### 3. RESIDENCE

A. Chronologically list all residences since your 18th birthday, regardless of the time you resided there beginning with your present address. If in military service, list dates, branch and duty stations, to include off base residences. List addresses while attending school if away from home. Note when living with parents by indicating with an asterisk(\*).

FROM MO./YR.	TO MO./YR.	COMPLETE ADDRESS	CITY/ STATE	ZIP

### 4. EDUCATION

SCHOOL NAME	LOCATION	DATES: FROM-TO	YEAR OF GRADUATION	CREDIT HOURS OR DEGREE
HIGH SCHOOL				
G.E.D.				
COLLEGE/ UNIVERSITY				
GRADUATE SCHOOL				
TRADE/BUSINESS OTHER SCHOOLS				

5. EMPLOYMENT TERMINATION

A. Have you ever been dismissed, fired or asked to resign from any employment or position you have held knowing that you would be fired or terminated if you did not resign? ☐ YES ☐ NO

If yes, explain below:

TERMINATIONS:

COMPANY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EXPLAIN IN DETAIL CIRCUMSTANCES OF TERMINATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If needed, additional information may be submitted on the next page.)

COMPANY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EXPLAIN IN DETAIL CIRCUMSTANCES OF TERMINATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If needed, additional information may be submitted on the next page.)

TERMINATION 1: \_\_\_\_\_

\_\_\_\_\_

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TERMINATION 2: \_\_\_\_\_

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## 6. EMPLOYMENT

A. MAY WE CONTACT YOUR CURRENT EMPLOYER? \_\_\_\_YES \_\_\_\_NO

B. On the following four pages you will find employment sheets. Please list your entire employment history, including part-time, temporary, and seasonal regardless of time employed. Begin with your current employment or most recent job and work backwards. If unemployed, list dates of unemployment. It is very important that employment information is accurate and must cover from HIGH SCHOOL GRADUATION TO PRESENT.

If additional employment sheets are needed, please make photocopies prior to filling out any forms.

When completing the attached Employment Sheets please LIST ALL AREA CODES AND ZIP CODES. MAKE SURE THAT ALL ADDRESSES AND PHONE NUMBERS ARE COMPLETE AND CORRECT.

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### EMPLOYMENT REFERENCE SHEET

Name of Employer or Business:\_\_\_\_\_

Street Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Date of Employment: FROM:\_\_\_\_/\_\_\_\_/\_\_\_\_ TO:\_\_\_\_/\_\_\_\_/\_\_\_\_

Phone #:\_\_\_\_(\_\_\_\_)\_\_\_\_\_ Position:\_\_\_\_\_

Work Duties:\_\_\_\_\_

Reason for Leaving (explain in detail):\_\_\_\_\_

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#### FOR INVESTIGATIVE USE ONLY

POSITIVE\_\_\_\_NEGATIVE\_\_\_\_VERIFIED ONLY\_\_\_\_NOT VERIFIED\_\_\_\_

PERSON INTERVIEWED:\_\_\_\_\_TITLE\_\_\_\_\_

EXACT DATES OF EMPLOYMENT: FROM:\_\_\_\_/\_\_\_\_/\_\_\_\_ TO:\_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION HELD:\_\_\_\_\_ ELIGIBLE FOR REHIRE: YES\_\_\_\_NO\_\_\_\_

ADDITIONAL COMMENTS:\_\_\_\_\_

INVESTIGATOR:\_\_\_\_\_ DATE:\_\_\_\_\_

## EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone #: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

FOR INVESTIGATIVE USE ONLY	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____ TITLE _____	
EXACT DATES OF EMPLOYMENT: FROM: ____/____/____ TO: ____/____/____	
POSITION HELD: _____ ELIGIBLE FOR REHIRE: YES _____ NO _____	
ADDITIONAL COMMENTS: _____	
_____	
INVESTIGATOR: _____ DATE: _____	

## EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone #: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

FOR INVESTIGATIVE USE ONLY	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____ TITLE _____	
EXACT DATES OF EMPLOYMENT: FROM: ____/____/____ TO: ____/____/____	
POSITION HELD: _____ ELIGIBLE FOR REHIRE: YES _____ NO _____	
ADDITIONAL COMMENTS: _____	
_____	
INVESTIGATOR: _____ DATE: _____	

## EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone #: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR INVESTIGATIVE USE ONLY	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____	TITLE _____
EXACT DATES OF EMPLOYMENT: FROM: ____/____/____	TO: ____/____/____
POSITION HELD: _____	ELIGIBLE FOR REHIRE: YES _____ NO _____
ADDITIONAL COMMENTS: _____	
_____	
INVESTIGATOR: _____	DATE: _____

## EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone #: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR INVESTIGATIVE USE ONLY	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____	TITLE _____
EXACT DATES OF EMPLOYMENT: FROM: ____/____/____	TO: ____/____/____
POSITION HELD: _____	ELIGIBLE FOR REHIRE: YES _____ NO _____
ADDITIONAL COMMENTS: _____	
_____	
INVESTIGATOR: _____	DATE: _____

## EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: FROM: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone #: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR INVESTIGATIVE USE ONLY	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____	TITLE _____
EXACT DATES OF EMPLOYMENT: FROM: ____ / ____ / ____ TO: ____ / ____ / ____	
POSITION HELD: _____	ELIGIBLE FOR REHIRE: YES _____ NO _____
ADDITIONAL COMMENTS: _____	
_____	
INVESTIGATOR: _____	DATE: _____

## EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: FROM: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone #: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR INVESTIGATIVE USE ONLY	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____	TITLE _____
EXACT DATES OF EMPLOYMENT: FROM: ____ / ____ / ____ TO: ____ / ____ / ____	
POSITION HELD: _____	ELIGIBLE FOR REHIRE: YES _____ NO _____
ADDITIONAL COMMENTS: _____	
_____	
INVESTIGATOR: _____	DATE: _____

## EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone #: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR INVESTIGATIVE USE ONLY	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____ TITLE _____	
EXACT DATES OF EMPLOYMENT: FROM: ____/____/____ TO: ____/____/____	
POSITION HELD: _____ ELIGIBLE FOR REHIRE: YES _____ NO _____	
ADDITIONAL COMMENTS: _____	
_____	
INVESTIGATOR: _____ DATE: _____	

## EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone #: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR INVESTIGATIVE USE ONLY	
POSITIVE _____	NEGATIVE _____
VERIFIED ONLY _____	NOT VERIFIED _____
PERSON INTERVIEWED: _____ TITLE _____	
EXACT DATES OF EMPLOYMENT: FROM: ____/____/____ TO: ____/____/____	
POSITION HELD: _____ ELIGIBLE FOR REHIRE: YES _____ NO _____	
ADDITIONAL COMMENTS: _____	
_____	
INVESTIGATOR: _____ DATE: _____	

## 7. VEHICLE INFORMATION

A. List all vehicles that you own and/or drive for personal use. (Include parents, or others with whom you reside.)

YEAR	MAKE	MODEL	COLOR	AUTO TAG #	STATE	OWN/ BUYING

## 8. MILITARY RECORD

A. Have you ever been on active duty in the Armed Forces of the United States? \_\_\_\_YES \_\_\_\_NO

If yes:

B. Branch of Military Service\_\_\_\_\_

C. Type of Discharge\_\_\_\_\_ If other than Honorable, explain:

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D. Dates of Active Duty (Month, Day and Year) FROM\_\_\_\_\_TO\_\_\_\_\_

E. Are you a member of a Reserve Unit? \_\_\_\_YES \_\_\_\_NO or National Guard Unit \_\_\_\_YES \_\_\_\_NO

If yes, Branch\_\_\_\_\_ Ready\_\_\_\_\_ Standby/RR \_\_\_\_\_

F. Are you currently active in the military? \_\_\_\_YES \_\_\_\_NO

If yes, what is your anticipated release date?\_\_\_\_\_

G. If you were in the military, were you ever court-martialed? \_\_\_\_YES \_\_\_\_NO

If yes, explain: \_\_\_\_\_

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Did you ever have any type of disciplinary action taken against you while in the military? (This includes an Article 15 and Captain's Mast, etc.) \_\_\_\_YES \_\_\_\_NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. COURT RECORD

- A. Have you ever been arrested as an adult or a juvenile (arrest is defined as being taken into custody and transported to a jail/detention facility) or charged with a crime as an adult or a juvenile (charged with a crime means issued a misdemeanor citation, a juvenile summons, an adult summons, arrested on a warrant, or indicted by a grand jury)? \_\_\_\_YES \_\_\_\_NO
- B. List ALL times you have been either arrested or charged with a criminal offense. Please include a detailed explanation of the circumstances for each event listed (use attached sheets). You must list ALL arrests or charges even if the charge (s) was dismissed, did not result in a conviction or the charge (s) was expunged. An independent investigation of your criminal history will be conducted and, if either an arrest or charge (s) are found which you did not list; your application will be rejected due to lack of untruthfulness.

DATE	CITY/STATE	CHARGES	CIRCUMSTANCES	DISPOSITION OF CASE

- C. Has your driver's license ever been suspended, cancelled, or revoked? \_\_\_\_YES \_\_\_\_NO
- If yes, please explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Have you ever held a Driver's License(s) in any other state? \_\_\_\_YES \_\_\_\_NO

If yes, which state(s), list license number if known:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TRAFFIC TICKETS:

DATE	CITY/STATE	CHARGES	DISPOSITION OF CASE

10. MISCELLANEOUS

A. Based on your religion, are there any special considerations you might request such as handling of a firearm, or days off? \_\_\_\_YES \_\_\_\_NO If yes, explain:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. List all relatives employed by the City of Memphis Government, including the Memphis Police Department.

FULL NAME	RELATIONSHIP	WHERE ASSIGNED

C. Are you currently or have you ever been an employee of the City of Memphis or Shelby County Government? \_\_\_\_YES \_\_\_\_NO If yes, list what agency, dates of employment and position, and designate whether or not you were a permanent or temporary employee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Have you previously submitted an application for employment or tested for the Memphis Police Department or any other law enforcement agency? \_\_\_\_YES \_\_\_\_NO If yes, list what agency, dates of employment and position held, and designate whether or not you were a permanent or temporary employee:\_\_\_\_\_

E. Do you currently posses a Special Officer's (Security Guard) Commission? \_\_\_\_YES \_\_\_\_NO

If yes, list agency issuing commission:

\_\_\_\_\_  
Company Name Address Phone Date of Commission

AGENCY	DATE	POSITION	RESULT

F. Have you ever submitted to a polygraph test? \_\_\_\_YES \_\_\_\_NO If yes, explain:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

G. Are you presently involved or do you have knowledge that you might become involved in any criminal or civil lawsuits?\_\_\_\_YES \_\_\_\_NO If yes, explain:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## 11. REFERENCES

A. Give three (3) references who are responsible adults of reputable standing in their community that you HAVE KNOWN WELL FOR AT LEAST THREE YEARS AND THAT KNOW YOU. References CANNOT be relatives, former employers or present employers. You MUST include their full names, COMPLETE home address and business address (include city, state, zip code), and correct home or business telephone numbers (including area code), where they may be contacted during normal business hours:

1.				
	Full Name (Last) (First) (Middle)			Years Known
	Current Street Address Apt#.			City State Zip Code
	Business Address			City State Zip Code
	( )	( )	Contact Time and Location	
	Home Phone	Work Phone		
2.				
	Full Name (Last) (First) (Middle)			Years Known
	Current Street Address Apt#.			City State Zip Code
	Business Address			City State Zip Code
	( )	( )	Contact Time and Location	
	Home Phone	Work Phone		
3.				
	Full Name (Last) (First) (Middle)			Years Known
	Current Street Address Apt#.			City State Zip Code
	Business Address			City State Zip Code
	( )	( )	Contact Time and Location	
	Home Phone	Work Phone		

I hereby certify that ALL statements made on this application are TRUE and CORRECT to the best of my knowledge. I hereby further certify this application contains no misrepresentations, falsifications or omissions. I further acknowledge that should any investigation (both pre and post employment) at anytime reveal or disclose any such misrepresentations, falsifications, or omission, my application will be rejected and my name may be removed from the employment list. I cannot reapply with the Memphis Police Department because of such false and misleading statements. I also understand that these statements may subject me to termination.

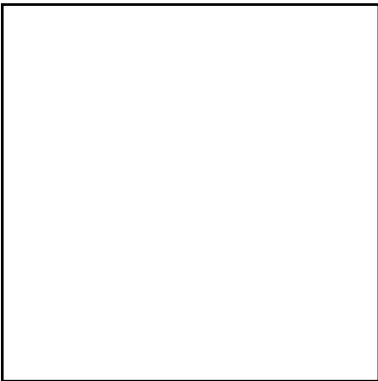
**DO NOT WRITE BELOW THIS DOUBLE LINE**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR ACADEMY USE ONLY  
RIGHT THUMB**



MEMPHIS POLICE DEPARTMENT  
APPLICANT INVESTIGATION SQUAD  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

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I, \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Memphis Police Department, whether the said records are public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records; complaints or grievances filed by or against me and the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case, whether criminal or civil, in which I presently have, or have had an interest. This waiver also gives authority to release law enforcement or criminal records or information from a law enforcement agency.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Memphis Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\*\*This form MUST BE NOTARIZED by a notary  
before your application will be accepted.

THIS FORM MUST BE SIGNED IN FRONT OF THE NOTARY.

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Signature (include maiden name)

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Address

City

State

Zip

---

Phone

Date of Birth

Social Security Number

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Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

NOTARY

# HIGH SCHOOL TRANSCRIPT FORM

## INSTRUCTIONS TO APPLICANT:

1. Please read carefully and completely, fill out the following requested information.
2. Take or mail this form to the High School that you graduated from. If you received your G.E.D. you may want to call first to see where your G.E.D. records are located. If the High School/Board of Education charges a fee for mailing your transcript to us, YOU ARE RESPONSIBLE FOR PAYING THE FEE.
3. Please have the High School/Board of Education mail your transcript or G.E.D. scores directly to the Memphis Police Department at the address listed below.
4. When the Memphis Police Department receives your transcript, it becomes the property of the City of Memphis and cannot be released to any other person or agency. It is your responsibility to contact the Employment Team to make sure they have received your transcript(s) by the stated deadline.

NOTE: ALL TRANSCRIPTS/G.E.D. SCORES MUST BE RECEIVED AT THE MEMPHIS POLICE EMPLOYMENT TEAM BY MAIL FROM YOUR HIGH SCHOOL/BOARD OF EDUCATION. TRANSCRIPTS DELIVERED IN PERSON OR MAILED BY YOU WILL NOT BE ACCEPTED.

Detach the form provided below and mail to the High School that maintains your permanent transcript.

NAME OF HIGH SCHOOL: \_\_\_\_\_

TO WHOM IT MAY CONCERN: I have applied for a position with the Memphis Police Department. I am requesting that you mail along with this form, a copy of my official high school transcript (showing my graduation date) or my G.E.D. scores to the Memphis Police Department at the following address:

Memphis Police Training Academy  
4371 O. K. Robertson Road  
Memphis, TN 38127

My name is (Last, First, Middle): \_\_\_\_\_

My name at the time I attended your school was (Last, First, Middle): \_\_\_\_\_

My complete mailing address is (include city, state and zip code): \_\_\_\_\_

My home phone number: \_\_\_\_\_ My work phone number: \_\_\_\_\_

My date of birth: \_\_\_\_\_ My Social Security number: \_\_\_\_\_

I graduated on: \_\_\_\_\_ Class of: \_\_\_\_\_ I received my G.E.D. on: \_\_\_\_\_

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY FEE INCURRED AS PART OF THIS REQUEST.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*PLEASE RETURN THIS FORM WITH TRANSCRIPT\*\*\*

# COLLEGE TRANSCRIPT REQUEST FORM

## INSTRUCTIONS TO APPLICANT:

1. Please read carefully and completely, fill out the following requested information.
2. Take or mail this form to ALL Colleges/Universities that you have attended. A transcript must be received from each college attended. If the College/University charges a fee for mailing your transcript to us, YOU ARE RESPONSIBLE FOR PAYING THE FEE.
3. Have each College/University mail your transcript directly to the Memphis Police Department at the address listed below. It is your responsibility to contact the Employment Team to make sure it has received your transcript(s) by the stated deadline.
4. When the Memphis Police Department receives your transcript, it becomes the property of the City of Memphis and cannot be released to any other person or agency.

NOTE: ALL TRANSCRIPTS MUST BE RECEIVED AT THE MEMPHIS POLICE EMPLOYMENT TEAM OFFICE BY MAIL FROM THE COLLEGE/UNIVERSITY. TRANSCRIPTS DELIVERED IN PERSON OR MAILED BY YOU WILL NOT BE ACCEPTED.

Detach the form provided below and mail to the College or University that maintains your permanent transcript.

NAME OF COLLEGE OR UNIVERSITY: \_\_\_\_\_

TO WHOM IT MAY CONCERN: I have applied for a position with the Memphis Police Department. I am requesting that you mail a copy of my official school transcript to the Memphis Police Department at the following address:

Memphis Police Training Academy  
4371 O. K. Robertson Road  
Memphis, TN 38127

My name is (Last, First, Middle): \_\_\_\_\_

My name at the time I attended your school was (Last, First, Middle): \_\_\_\_\_

My complete mailing address is (include city, state and zip code): \_\_\_\_\_

My home phone number: \_\_\_\_\_ My work phone number: \_\_\_\_\_

My date of birth: \_\_\_\_\_ My Social Security number: \_\_\_\_\_

I attended from: \_\_\_\_\_ To: \_\_\_\_\_ Degree obtained: \_\_\_\_\_ Date: \_\_\_\_\_

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY FEE INCURRED BY MAKING THIS REQUEST.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*PLEASE RETURN THIS FORM WITH TRANSCRIPT\*\*\*

